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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission 8

| | |
|------------------------|------------------|
| Application Number | 10/731,707 |
| Filing Date | December 9, 2003 |
| First Named Inventor | Usa Datta |
| Art Unit | 1626 |
| Examiner Name | Saeed, Kamal A |
| Attorney Docket Number | PC10940B |

ENCLOSURES (Check all that apply)

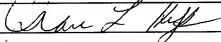
| | | |
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| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
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| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | Authorization to charge the fee and any additional fees as necessary or credit any overpayment to deposit account 23-0455 is hereby given. | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|---|----------|--------|
| Firm Name | | | |
| Signature |  | | |
| Printed name | J. Michael Dixon | | |
| Date | June 8, 2006 | Reg. No. | 32,410 |

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| Signature |  | | |
| Typed or printed name | Diane L. Hetzler | Date | June 8, 2006 |

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